	Effective October 1, 2000 19/857682														لمل
		CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ALL ENTITY		OR	OTHER THAN		W.
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l	-	NULTIPLE DEPE	NDENT CLAIM P	RESENT					X40=	'	—	OR	X80≖	↓	4
ŀ	• If the difference in column 1 is less th				han zom enter 70° in column 2			,	+135=)R	+270≖		
	" If the difference in column 1 is less than zero, enter to						column 2	_	TOTAL	- [J)R	TOTAL	1000	刀
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•	10	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the critycli column 1 is less than the crity-in column 2; write 'V' in column 3. If the Tighest Number Previously Paul For 'N THIS SPACE is less than 20, enter '20."							35-		OR	+2	70=	_	
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